

Exhibit
D

RETURN THIS PORTION WITH YOUR PAYMENT

Policy No.	MPA812988	EXPIRATION	PAST DUE
	COMMERCIAL PACKAGE	EFFECTIVE	AMOUNT
		06-08-04	\$283.80
Insured	LAYNE DREXEL	12.01 AM	DRE
		STANDARD TIME	
		EXTENDED DUE DATE	06-30-04

BRANCH 30

Please make your check or money order payable to HARLEYSVILLE INSURANCE and forward payment in the enclosed envelope to the PROCESSING CENTER AT 355 MAPLE AVENUE, HARLEYSVILLE, PA 19441. Include your policy number on the face of the check. MAIL IT TODAY TO KEEP YOUR VALUABLE PROTECTION IN FORCE. If your payment has already been forwarded, it will be acknowledged. THANK YOU FOR YOUR PAYMENT!

061404 EXPIRATION DATE If address change, cross out the "Y" and indicate new address below Insured Name
CONTROL 173 060805

Mailing Date: 061504
C-550 (Ed. 12-96)

Y 2 4MPA812988 0137400 0028380 000000

INSURED'S COPY



LAYNEL DREXEL
LIC 781414
PH 302-737-4396
1910 OLD CAPITAL TRAIL
NEWARK, DE 19711

4359

62-10/311
BRANCH 311

6/9/04

DATE

\$ 283.80

PAY TO THE
ORDER OF

HORTON'S VALUE

TWO HUNDRED EIGHTY DOLLARS

DOLLARS



Plan Package

WSFSbank

Wilmington Savings Fund Society, FSB
838 Market Street, Wilmington, DE 19899

FOR

⑆0311001021⑈ 206196 131⑈ 4359

Receipt
Front
Deposit
Back